

WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY

Reciprocity Application for Wastewater Operator Certification

INSTRUCTIONS:

1. **Proof of high school equivalency is required for certification.** If a copy of your diploma, G.E.D. certificate, or college transcript is not on file with WDEQ, attach one to this application.
 2. Use blue or black ink to fill out this application.
 3. Submit a separate application for each certification requested.
 4. Keep a copy of this application for your file.
 5. Attach copies of training certificates not already on file with WDEQ to this application.
 6. Applicants must meet training and education requirements in accordance with Wyoming Rules and Regulations, Chapter 5.
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A. CERTIFICATE INFORMATION:

Individual applications must be submitted for each certificate requested. Please select **one (1)** certificate:

- ☐ Level 1, Wastewater Systems
- ☐ Level 2, Collection
- ☐ Level 2, Wastewater Treatment
- ☐ Level 3, Wastewater Treatment
- ☐ Level 4, Wastewater Treatment

B. PERSONAL INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone - Work: _____ Home: _____ Cell: _____

Email: _____ Date of Birth: _____

C. CURRENT CERTIFICATION: Attach a copy of your certificate.

Name of Certification: _____ State of Origin: _____

Date of Issue: _____ Expiration Date: _____

D. SIGNATURE: I certify that all information provided by me in this reciprocity application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I give the State of Wyoming and its authorized agents permission to verify any information given in connection with this application.

Date _____ Applicant Signature _____

Please print application and email to: opcrt@wyo.gov If unable to submit by e-mail:

Fax to: 307-777-6779

Mail to: Operator Certification - Water Quality Division
122 West 25th Street, Herschler Building 4W Cheyenne, WY 82002

E. HIGH SCHOOL EQUIVALENCY:

1. Did you graduate from High School? ____ Yes ____ No
Is a copy of your diploma **on file** with WDEQ **or attached** to this application? ____ Yes ____ No
2. Do you possess a GED certificate? ____ Yes ____ No
Is a copy of the certificate **on file** with WDEQ **or attached** to this application? ____ Yes ____ No
3. Have you attended college, trade school, or university? ____ Yes ____ No
Is an unofficial copy of your transcript **on file** with WDEQ **or attached** to this application? ____ Yes ____ No
Transcripts may be submitted to demonstrate high school equivalency. Some credit hours may also be used for continuing education hours towards license eligibility.

* PROOF OF HIGH SCHOOL EQUIVALENCY IS REQUIRED FOR CERTIFICATION*

4. Have you attended training courses in Water, Wastewater, Distribution, or Collection that have not been filed with WDEQ? ____ Yes ____ No
If yes, please send documentation including course title, description, length of training, dates held, and training area.

F. EMPLOYMENT INFORMATION: Some jobs not specifically in the wastewater field **may** be used to meet experience requirements. List any employment you wish to have considered, including military experience. Specify the number of hours spent each week on each activity.

Please complete one facility description for each experience block you fill out. Make additional copies of this page as needed.

Check the items that are pertinent to the type of plant in which you are/were employed. This information is necessary in order to determine the equivalent level of facility in Wyoming.

Size: ____ Population < or = 7500
____ Population > or = 7500

Treatment: ____ Non-aerated stabilization ponds
____ Aerated stabilization ponds
____ Physical/chemical treatment
____ Fixed growth and solids handling
____ Activated sludge and solids handling
____ Calcium/sodium hypochlorite and dechlorination
____ Nutrient removal
____ Chlorine gas, ozonation, chlorine dioxide, ultraviolet systems or onsite generation of hypochlorite

Receiving Water: ____ Class IV surface water
____ Class I, II, or III surface water
____ Subsurface disposal and/or land application

Lift Stations: ____ Lift stations

G. CURRENT OR MOST RECENT EMPLOYMENT

Employer: _____ Supervisor: _____
Name of Facility: _____ **Dates of Employment** (mo/day/yr)
Mailing Address: _____ From: _____ To: _____
City: _____ State: _____ ZIP _____

(**Circle One**) Full Time Part Time Average Hours Worked Per Week: _____

Wastewater Treatment and Collection Duties

Enter the average number of **hours** you spend **each week** on the activities listed below.

- repairing or installing wastewater collection lines, service lines, or taps (trenching, bedding, backfilling, disinfection, etc.)
- rodding, jetting, or other cleaning of wastewater collection lines
- adjusting pumping rates, level controls, and on/off cycles relative to lift stations and wastewater treatment plants
- controlling chemical feed rates for disinfection of wastewater effluent
- operating, maintaining, and cleaning wastewater treatment structures (bar screens, grit chambers, comminutors, etc.)
- calculating plant operating efficiencies and interpreting process control data
- handling sludge and solids, including operating clarifiers, controlling return and waste sludge rates
- operating digesters and sludge conditioners
- controlling and operating trickling filter or rotating biological contactor (RBCs)
- managing lagoons
- controlling and maintaining blowers or other devices used for aerating wastewater

If your operational tasks are not adequately described in the list above, please list your duties below and the average number of **hours per week** spent performing these duties. _____

Did you perform the activities identified in the tasks description list without on-site supervision? (please circle) Yes No

Were you responsible for the operation of the system or plant on a full time basis (e.g. you would have been called away from other duties to respond to a problem)? (please circle) Yes No

H. PREVIOUS EMPLOYMENT (Make extra copies of this page as needed.)

Employer: _____ Supervisor: _____

Name of Facility: _____ **Dates of Employment** (mo/day/yr)

Mailing Address: _____ From: _____ To: _____

City: _____ State: _____ ZIP _____

(**Circle One**) Full Time Part Time Average Hours Worked Per Week: _____

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